

SEP 23 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

29330
Do not use this space.

1. PLACE OF DEATH

(a) County Lawrence Registration District No. 647 437
 (b) Township Aurora Primary Registration District No. 4280
 (c) City Aurora (d) Street No. Aurora Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Elizabeth Brown
 (a) Residence, No. 303 West Church St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF C. E. Brown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 4 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
65 6 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada

FATHER 13. NAME H. P. Baine
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wales

MOTHER 15. MAIDEN NAME -- Sparks
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wales

17. INFORMANT (ADDRESS) C. E. Brown Jr.

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Park DATE F Aug. 10 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) King Funeral Home
Aurora Missouri

20. FILED Sept 1 1938 R. D. Cowan Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 8 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 8 3:30, 1938, to Aug 8, 1938
 I last saw him/her alive on Aug 8, 1938 Death is said to have occurred on the date stated above, at 9/15 AM
 The principal cause of death and related causes of importance were as follows:

Coronary
Pharyngitis
 Date of onset Aug 6
 Other contributory causes of importance: 9/10 38

Name of operation None Date of.....
 What test confirmed diagnosis? Cliv Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify.....
 (Signed) R. D. Cowan, M. D.
Aurora, Mo (Address) 418

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 6,
District File Number 6-38-105
Date Filed 9-20-38

STATEMENT, BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed.....

Licensed Embalmer No. 3529

P. O. Address Aurora Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.